

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2003

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black
lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning OCT 01, 2003, and ending SEP 30, 2004

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization, number and street, city, town, street, and ZIP code:
The National Cancer Coalition, Inc.
757 St Charles Ave Suite 202
New Orleans LA 70130-3747

D Employer identification number
76-0435022

E Telephone number
504-301-1462

F Acctg. method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

G Website: ▶ Nationalcancercoalition.org

J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 25,643,137.

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ No
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶
M Check ☐ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	25,517,587.
	b Indirect public support	1b	
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ <u>2,789,802.</u> noncash \$ <u>22,727,785.</u>)	1d	25,517,587.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	929.
	5 Dividends and interest from securities	5	35,796.
	6 a Gross rents	6a	
	b Less: rental expenses	6b	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7 Other investment income (describe ▶)	7		
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis & sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
	8d		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10 a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11 Other revenue (from Part VII, line 103)	11	88,825.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8a, 9c, 10c, and 11)	12	25,643,137.	
Net Assets	13 Program services (from line 44, column (B))	13	22,870,426.
	14 Management and general (from line 44, column (C))	14	753,539.
	15 Fundraising (from line 44, column (D))	15	1,499,017.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (D))	17	25,122,981.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	520,156.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	480,108.	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,000,264.	

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 72224 noncash \$ 21507193)	22	21579417.	21579417.	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	252083.	146875.	42188. 63021.
26	Other salaries and wages	26	58732.	5873.	46986. 5873.
27	Pension plan contributions	27			
28	Other employee benefits	28	18459.	18459.	
29	Payroll taxes	29	40072.	40072.	
30	Professional fundraising fees	30	115087.		115087.
31	Accounting fees	31	46249.	2312.	41625. 2312.
32	Legal fees	32	10620.	1062.	8496. 1062.
33	Supplies	33	18734.	4887.	13847.
34	Telephone	34			
35	Postage and shipping	35	1080437.	282568.	184791. 613078.
36	Occupancy	36	52214.	15664.	26107. 10443.
37	Equipment rental and maintenance	37	6211.	6211.	
38	Printing and publications	38	384107.	74605.	123404. 186098.
39	Travel	39	81420.	21040.	60267. 113.
40	Conferences, conventions, and meetings	40	5000.	5000.	
41	Interest	41	3806.	3806.	
42	Depreciation, depletion, etc (attach schedule)	42	2560.	2560.	
43	Other expenses not covered above (itemize) a	43a	1367773.	736123.	129720. 501930.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	25122981.	22870426.	753539. 1499017.

Joint Costs. Check ☒ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 2252215.; (ii) the amount allocated to Program services \$ 609086.; (iii) the amount allocated to Management and general \$ 299220.; and (iv) the amount allocated to Fundraising \$ 1343999.

Part III Statement of Program Service Accomplishments (See the instructions.)

What is the organization's primary exempt purpose? <input checked="" type="checkbox"/> Education, Research & Relief		Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)			
a	Angel Grants - Identifying and funding promising cancer related research	(Grants and allocations \$ 57824.)	68076.
b	Community Outreach - Funding community wellness programs and health screenings to encourage health in at risk areas	(Grants and allocations \$ 14400.)	397415.
c	NCC Cares - Obtaining medical supplies and equipment to provide relief worldwide to benefit those impacted by cancer and disease	(Grants and allocations \$ 21507193.)	21795849.
d	Education & Prevention - Providing cancer related education and prevention information	(Grants and allocations \$)	609086.
e	Other program services (attach schedule)	(Grants and allocations \$)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).....		22870426.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	172,031.	45	128,354.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 47,990.		
	b Less allowance for doubtful accounts	47 b	47 c	47,990.
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b	48 c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less allowance for doubtful accounts	51 b	51 c	
	52 Inventories for sale or use		52	928,616.
	53 Prepaid expenses and deferred charges	59,409.	53	
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	417,931.	54	453,727.
	55 a Investments - land, buildings, and equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b	55 c	
56 Investments - other (attach schedule)		56		
57 a Land, buildings, and equipment: basis	57 a 53,698.			
b Less: accumulated depreciation (attach schedule)	57 b 36,633.	57 c	17,065.	
58 Other assets (describe <input type="checkbox"/> Logo)	4,293.	58	3,987.	
59 Total assets (add lines 45 through 58) (must equal line 74)	694,107.	59	1,579,739.	
Liabilities	60 Accounts payable and accrued expenses	213,999.	60	522,974.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	56,500.
	65 Other liabilities (describe <input type="checkbox"/>		65	
66 Total liabilities (add lines 60 through 65)	213,999.	66	579,474.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	480,108.	67	1,000,265.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	480,108.	73	1,000,265.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	694,107.	74	1,579,739.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements	a 25643137.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$	
(2) Donated services & use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify):	
_____ \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 25643137.
d Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):	
_____ \$	
Add amounts on lines (1) and (2)	d
e Total revenue per line 12, Form 990 (line c plus line d)	e 25643137.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total expenses and losses per audited financial statements	a 25122981.
b Amounts included on line a but not on line 17, Form 990:	
(1) Donated services & use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):	
_____ \$	
Add amounts on lines (1) through (4)	b
c Line a minus line b	c 25122981.
d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):	
_____ \$	
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e 25122981.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred comp.	(E) Expense account and other allowances
Robert B Landry III New Orleans LA Hall Overall	Pres CEO 40	208,333.		
New Orleans LA Osbon Blake	CFO 30	43,750.		
Houston TX Field Long	Chairman 3	0		
New Roads LA Angelle Stringer Phd	Treasurer 3	0		
Baton Rouge LA Jessie Jaynes Phd	Secretary 3	0		
Kennesaw GA Mike Birt	Director 3	0		
Madison WS	Director 3	0		

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ... ☐ Yes ☒ No
If "Yes," attach schedule - see the instructions.

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	1
91	The books are in care of N.C.C. Telephone no. 504-301-1461 Located at 757 St Charles Ave Suite 202 NO LA ZIP + 4 70130-3783		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from govt agencies					
94 Membership dues & assessments					
95 Interest on savings and temporary cash investments					929.
96 Dividends & interest from securities	0				35,796.
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b List Royalties					88,825.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					125,550.
105 Total (add line 104, columns (B), (D), and (E))					125,550.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
95	Provide return on unused assets

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions.)

- (a) Did the organization, during year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of preparer: <i>Chell C. Dand, C.P.A.</i> Date: <i>3-16-2005</i>	Signature of officer: _____ Date: _____
	Date	Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

OMB No. 1545-0047

2003▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

The National Cancer Coalition, Inc.

Employer identification number

76-0435022

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowance
Denise Dupree New Orleans LA	Office Asst			
	40+	58,732.		
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Newport Creative Communications 33 Railroad Avenue Duxbury MA 02332	Consulting	958,312.
Creative Direct Response 1670 Village Green Crofton MD 21113	Consulting	158,719.
Southwest Publishing 2600 W Topeka Blvd Topeka KS 66617	Mailing Services	582,011.
Total number of others receiving over \$50,000 for professional services		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
3b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	9976331	5105264	5472342	5693292	26247229
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	366495	344607	359029	206870	1277001
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	10342826	5449871	5831371	5900162	27524230
24 Line 23 minus line 17	10342826	5449871	5831371	5900162	27524230
25 Enter 1% of line 23	103428	54499	58314	59002	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 2	26a	550485
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amount	26b	7496348
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	27524230
d Add: Amounts from column (e) for lines: 18 1277001 19 22 7496348	26d	8773349
e Public support (line 26c minus line 26d total)	26e	18750881
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	68.12 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year

(2002) 6926845 (2001) 5343477 (2000) 5343477 (1999)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these difference (the excess amounts) for the year:

(2002) (2001) (2000) (1999)

c Add: Amounts from column (e) for lines: 15 16 17 20 21	27c	
d Add: Line 27a total and line 27b total	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a if the organization belongs to an affiliated group. Check ☐ b if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter - 0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter - 0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4- Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See instructions for lines 45 through 50.)

	Lobbying Expenditures During 4- Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2003

714

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Grants and Allocations

US 990 **990: Page 2, Line 22; 990-EZ: Page 1, Line 10** **2003**

Class of Activity	Donee's Name and Address	Relationship	Amount
Research	Tulane University	None	31,500.
Research	Johns Hopkins	None	7,274.
Research	University of Arizona	None	4,800.
Research	University of Iowa	None	5,000.
Research	Fred Hutchinson Cancer Cente	None	4,250.
Research	UCLA	None	5,000.
Community	LA Research Foundation Educa	None	4,000.
Community	Mays Foundation, BR LA	None	10,400.
Relief	Hospital San Felipe	None	86,360.
Relief	Instituto Nacional Enfermeda	None	690,880.
Relief	Hospital Berta Calderon	None	445,099.
Relief	Hospital Oncologico National	None	414,528.
Relief	Nat Oncology Center Armenia	None	317,000.
Relief	Nat Oncology Center Armenia	None	227,301.
Relief	Nat Oncology Center Armenia	None	462,468.
Relief	Hospital Berta Calderon	None	31,940.
Relief	Nat Oncology Center Azerbaij	None	279,900.
Relief	Hospital Nacional Asuncion	None	258,363.
Relief	Hospital Roberto Calderon	None	216,945.
Relief	Kingston Public Hospital	None	4,699.
Relief	Hospital Berta Calderon	None	393,508.
Relief	FUSAL El Salvadore	None	264,688.
Relief	Hospitals Bloom & Rosales	None	72,675.
Relief	Ho Escuela & Liga Contra Can	None	896,321.
Relief	Instituto Nacional Enfermeda	None	861,942.
Relief	Hosp. de Clinicas N.del Canc	None	1,152,613.
Relief	Hosp. Infntil Berta Caldero	None	887,153.
Relief	Instituto Oncologica Nationa	None	420,907.
Relief	Spanish Town Hosp & Kingston	None	324,384.
Relief	Casa de la Amistad, Mexico	None	625,809.
Relief	Inst Nat de Oncologia Urugua	None	121,949.
Relief	Nat Onc. Cent.Rep of Georgia	None	451,828.
Relief	Nat Onc. Cent.Rep of Georgia	None	265,528.
Relief	Hosp de Emergencia Nat Parag	None	22,255.
Relief	Hosp de Clinicas Paraguay	None	835,338.
Relief	Knights of Malta Argentina	None	2,362,110.
Relief	Hosp Infantil & Bert Caldero	None	2,044,133.
Relief	Hosp Na del Cancer Paraguay	None	1,361,587.
Relief	Hospital Escuela	None	1,325,716.
Relief	Spanish Town & Kingston Pub	None	1,106,208.
Relief	Inst Oncologica National	None	808,628.
Relief	SOLCA Hospitals - Ecuador	None	657,208.
Relief	Inst nat de Oncologia Uruguay	None	460,588.
Relief	St Georges Hsp Grenada	None	348,634.
			21,579,417.

US 990**Other Functional Expenses: Page 2, Line 43****2003**

Description of the Asset	Total	Program Services	Management and General	Fundraising
Complete Mail Pkgs	545,073.	178,706.		366,367.
Consultants	183,838.	169,050.	14,788.	
Data Processing	94,784.	29,030.	30,770.	34,984.
Premiums	7,890.			7,890.
List Acquisition	90,689.			90,689.
Artwork	2,000.			2,000.
Caging	37,243.		37,243.	
Advertising	2,849.		2,849.	
Bank Charges	22,780.		22,780.	
Registrations	13,298.		13,298.	
Other expenses	7,992.		7,992.	
Media time	286,968.	286,968.		
Shipping & Storage	42,943.	42,943.		
Other Professional	1,889.	1,889.		
Production & Dist	27,537.	27,537.		
	1,367,773.	736,123.	129,720.	501,930.

US 990**Investments - Securities: Page 3, Line 54****2003**

Description	Book Value
Assorted prime securites and bonds, managed by an independent investment advisor	453,727.
	453,727.

US 990
Mortgages and Other Notes Payable as of Year End
990: Page 3, Line 64b; 990-PF: Page 2, Line 21
2003

Lender's Name and Title and Relationship to Any Officer, Director, or Other Disqualified Person	Repayment Terms, Interest Rate, Security Provided, Loan Purpose, Description and FMV of the consideration	Original Amount of Note	Balance Due	Date of Note	Maturity Date
Gulf Coast Bk No Relation Secured by	Line of Credit Prime + 1 Securites	76,500. 76,500.	56,500. 56,500.	06/07/2004	06/01/2005